

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
American Hospital Association PAC

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Ms. Melinda Hatton [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="1653206.80"/>	<input type="text" value="1653206.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2186847.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="151039.99"/>	<input type="text" value="1047019.55"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2337887.71"/>	<input type="text" value="2700226.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="61695.38"/>	<input type="text" value="424034.02"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2276192.33"/>	<input type="text" value="2276192.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	111548.52	337545.51
(ii) Unitemized	38947.21	96981.76
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	150495.73	434527.27
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	150495.73	439527.27
12. Transfers From Affiliated/Other Party Committees.....	350.00	349700.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	256999.36
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	194.26	792.92
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	151039.99	1047019.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	151039.99	1047019.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	845.38	3484.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	845.38	3484.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60500.00	420200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	350.00	350.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	350.00	350.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	61695.38	424034.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61695.38	424034.02

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	150495.73	439527.27
34. Total Contribution Refunds (from Line 28(d))	350.00	350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	150145.73	439177.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	845.38	3484.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	256999.36
38. Net Operating Expenditures (subtract Line 37 from Line 36)	845.38	-253515.34

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jonathan Nalli
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Woodard Bluff
 City Zionsville State IN Zip Code 46077-7704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Vincent Health Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : 15459091
 Amount of Each Receipt this Period
 500.00

B. Ms. Linda S Quick
 Full Name (Last, First, Middle Initial)
 Mailing Address 6030 Hollywood Boulevard, Suite 14
 City Hollywood State FL Zip Code 33024-7923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Florida Hospital and Healthcare Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2015
Transaction ID : 22455252
 Amount of Each Receipt this Period
 350.00

C. Mr. Stephen M. Ahnen
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Airport Road
 City Concord State NH Zip Code 03301-7300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22455254
 Amount of Each Receipt this Period
 45.50

SUBTOTAL of Receipts This Page (optional).....▶	895.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Michele L Gougeon
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Mill Street
 City Belmont State MA Zip Code 02478-1064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McLean Hospital Occupation Executive Vice President and Chief Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : 22455262
 Amount of Each Receipt this Period
 350.00

B. Ms. Carmela Coyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 6820 Deerpath Road
 City Elkridge State MD Zip Code 21075-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maryland Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 22455266
 Amount of Each Receipt this Period
 510.00

C. Ms Janet Sternberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 1233 East Second Street
 City Casper State WY Zip Code 82601-2926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wyoming Medical Center Occupation Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22455267
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1110.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Charles E Carr
Full Name (Last, First, Middle Initial)

Mailing Address 1 Health Circle

City Lexington State VA Zip Code 24450-2448

FEC ID number of contributing federal political committee. **C**

Name of Employer Carilion Stonewall Jackson Hospital Occupation Vice President and Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 01 / 2015
Transaction ID : 22455272

Amount of Each Receipt this Period 350.00

B. Mr. Timothy S. Jennings
Full Name (Last, First, Middle Initial)

Mailing Address 4715 White Owl Crescenty

City Chesapeake State VA Zip Code 23321-1250

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Norfolk General Hospital Occupation Vice President Pharmacy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 01 / 2015
Transaction ID : 22455273

Amount of Each Receipt this Period 350.00

C. Mr. Mark S. Stauder
Full Name (Last, First, Middle Initial)

Mailing Address 10005 Fox Spring Ct

City Oakton State VA Zip Code 22124-2658

FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Health System Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 01 / 2015
Transaction ID : 22455274

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Wayne A Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1280 South Governors Avenue

City Dover State DE Zip Code 19904-4802

FEC ID number of contributing federal political committee. **C**

Name of Employer Delaware Healthcare Association Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 08 / 2015
Transaction ID : 22455280

Amount of Each Receipt this Period
500.00

B. Mr. Paul Lakeman
Full Name (Last, First, Middle Initial)

Mailing Address 640 South State Street

City Dover State DE Zip Code 19901-3597

FEC ID number of contributing federal political committee. **C**

Name of Employer Bayhealth Medical Center Occupation Senior Vice President Government Relat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 08 / 2015
Transaction ID : 22455284

Amount of Each Receipt this Period
250.00

C. Mr. Benjamin Koppelman
Full Name (Last, First, Middle Initial)

Mailing Address 600 Pleasant Avenue

City Park Rapids State MN Zip Code 56470-1431

FEC ID number of contributing federal political committee. **C**

Name of Employer CHI St. Joseph's Health Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 06 / 2015
Transaction ID : 22455351

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kimber L Wraalstad FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 5th Avenue West
 City Grand Marais State MN Zip Code 55604-3017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cook County North Shore Hospital Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22455354
 Amount of Each Receipt this Period
 250.00

B. Ms. Christine A Baratta
 Full Name (Last, First, Middle Initial)
 Mailing Address Five New England Executive Park
 City Burlington State MA Zip Code 01803-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts Hospital Association Occupation Senior VP, Marketing and Communication
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 22455388
 Amount of Each Receipt this Period
 262.50

C. Ms. Michelle B Davis RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 Varnum Avenue
 City Lowell State MA Zip Code 01854-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lowell General Hospital Occupation Manager, Community Health & Education
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 22455389
 Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional).....▶	775.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Randy Doherty CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Pond Street
 City Braintree State MA Zip Code 02184-5351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Braintree Rehabilitation Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 22455390
 Amount of Each Receipt this Period
 262.50

B. Ms. Susan Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 Varnum Avenue
 City Lowell State MA Zip Code 01854-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lowell General Hospital Occupation Senior Vice President Finance, Chief F
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 22455391
 Amount of Each Receipt this Period
 375.00

C. Mr Michael Hachey
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Comanche Terrace
 City Westford State MA Zip Code 01886-1290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerson Hospital Occupation Senior Vice President, CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 22455392
 Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Bruce S Auerbach MD, FACEP
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2963

City Attleboro	State MA	Zip Code 02703-0963
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Sturdy Memorial Hospital	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : 22455393

Amount of Each Receipt this Period
750.00

B. Ms. Linda Bodenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 363 Highland Avenue

City Fall River	State MA	Zip Code 02720-3703
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Southcoast Hospitals Group	Occupation Chief Operating Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : 22455394

Amount of Each Receipt this Period
375.00

C. Mr. Keith A Hovan
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Marys Pond Rd

City Rochester	State MA	Zip Code 02770-4012
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Southcoast Hospitals Group	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : 22455395

Amount of Each Receipt this Period
1125.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Sabrina M Granville
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 Lowell Street
 City Dunstable State MA Zip Code 01827-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lowell General Hospital Occupation Senior Vice President and Chief Human
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 22455397
 Amount of Each Receipt this Period
 375.00

B. Mr. Richard Boone
 Full Name (Last, First, Middle Initial)
 Mailing Address 1923 South Utica Avenue
 City Tulsa State OK Zip Code 74104-5445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. John Medical Center Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : 22457421
 Amount of Each Receipt this Period
 250.00

c. Mr. Stephen O Hyde FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5602 SW Lee Boulevard
 City Lawton State OK Zip Code 73505-9635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwestern Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : 22457470
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Craig W Jones FACHE

Mailing Address 4000 Lincoln Boulevard

City Oklahoma City State OK Zip Code 73105-5207

FEC ID number of contributing federal political committee. **C**

Name of Employer Oklahoma Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : 22457471

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Ms. Pamela Kiser RN, MS, CP

Mailing Address 1923 South Utica Avenue

City Tulsa State OK Zip Code 74104-6520

FEC ID number of contributing federal political committee. **C**

Name of Employer St. John Medical Center Occupation Chief Nursing Executive and Vice Presi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : 22457472

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr H. Lee Kirk

Mailing Address 51 Blossom Street

City Boston State MA Zip Code 02114-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer Shriners Hospitals for Children-Boston Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : 22457489

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Barbara J Doyle RN, MS, MH
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Speen Street #711
 City Natick State MA Zip Code 01760-1567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MetroWest Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 08 / 2015
Transaction ID : 22457490
 Amount of Each Receipt this Period 375.00

B. Mr. Timothy F. Gens
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 New England Executive Park
 City Burlington State MA Zip Code 01803-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts Hospital Association Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 05 / 08 / 2015
Transaction ID : 22457491
 Amount of Each Receipt this Period 1300.00

C. Mr. Carl Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Highland Avenue
 City South Hadley State MA Zip Code 01075-1733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holyoke Medical Center Occupation Director Information Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 08 / 2015
Transaction ID : 22457493
 Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2050.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Christine M. Gallery

Mailing Address 14 Greensbriar Road

City State Zip Code
Canton MA 02021-1132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Emerson Hospital Vice President, Planning & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : 22459275

Amount of Each Receipt this Period
375.00

Full Name (Last, First, Middle Initial)
B. Ms. Elizabeth Greenspan

Mailing Address 125 Parker Hill Avenue

City State Zip Code
Roxbury Crossing MA 02120-2847

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New England Baptist Hospital Vice President Strategy and Business D

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : 22459276

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
c. Mr. Spiros Hatiras FACHE

Mailing Address 109 Madison Ave

City State Zip Code
Holyoke MA 01040-2042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Holyoke Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : 22459277

Amount of Each Receipt this Period
562.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms Joyce Welsh
Full Name (Last, First, Middle Initial)
Mailing Address 25 Lealand Peck Dr
City Wrentham State MA Zip Code 02093-1441
FEC ID number of contributing federal political committee. **C**
Name of Employer Emerson Hospital Occupation Associate Chief Nursing Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2015
Transaction ID : 22459709
Amount of Each Receipt this Period
375.00

B. Mr. Ronald Bryant
Full Name (Last, First, Middle Initial)
Mailing Address 115 West Silver Street
City Westfield State MA Zip Code 01085-3628
FEC ID number of contributing federal political committee. **C**
Name of Employer Noble Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2015
Transaction ID : 22459712
Amount of Each Receipt this Period
750.00

C. Mr. John A Fromhold FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 333 East Main Street, Suite 300
City Louisville State KY Zip Code 40202-1256
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack University Medical Center M Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2015
Transaction ID : 22459754
Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Timothy J Hogan FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 105 Hudson Avenue

City Red Bank State NJ Zip Code 07701-1864

FEC ID number of contributing federal political committee. **C**

Name of Employer Meridian Health Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : 22459756

Amount of Each Receipt this Period
 650.00

B. Mr. Steven G Littleson FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 55 Fairhaven Road

City Fair Haven State NJ Zip Code 07704-3305

FEC ID number of contributing federal political committee. **C**

Name of Employer Meridian Health Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : 22459761

Amount of Each Receipt this Period
 1300.00

C. Mr. Herb B Kuhn
Full Name (Last, First, Middle Initial)

Mailing Address 5310 Saddlebrooke Lane

City Lohman State MO Zip Code 65053-9353

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri Hospital Association Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015

Transaction ID : 22459870

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	2075.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Daniel R. Landon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1811 Forest Park Court
 City Jefferson City State MO Zip Code 65109-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation Sr. Vice President, Governmental Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459871
 Amount of Each Receipt this Period
 125.00

B. Mr. Kirby Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 North Madison Street
 City Bloomfield State IA Zip Code 52537-1271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Davis County Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459970
 Amount of Each Receipt this Period
 250.00

C. Mr. Matt Wille
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 10th Street
 City Perry State IA Zip Code 50220-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dallas County Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459971
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Timothy Ahlers FACHE

Mailing Address 500 East Market Street

City State Zip Code
Iowa City IA 52245-2633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Story County Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459972

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
B. Mr. Robb Gardner

Mailing Address 407 South White Street

City State Zip Code
Mt Pleasant IA 52641-2263

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Henry County Health Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459973

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
C. Mr. Jim Atty

Mailing Address P O Box 489

City State Zip Code
Webster SD 57274-0489

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Waverly Health Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459974

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Rebecca Anthony
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 East Grand Avenue
 Suite 100
 City Des Moines State IA Zip Code 50309-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Hospital Association Occupation Vice President, Education
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459981
 Amount of Each Receipt this Period
 525.00

B. Ms. Erika Eckley
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 East Grand Avenue, Suite 100
 City Des Moines State IA Zip Code 50309-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Hospital Association Occupation Director, Government Relations Staff L
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459982
 Amount of Each Receipt this Period
 250.00

C. Ms. Maureen Keehne
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 East Grand Avenue
 Suite 100
 City Des Moines State IA Zip Code 50309-1817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Hospital Association Occupation Vice President and General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 685.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459985
 Amount of Each Receipt this Period
 600.00

SUBTOTAL of Receipts This Page (optional).....▶	1375.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Laura Malone
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue
Suite 100

City Des Moines State IA Zip Code 50309-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Hospital Association Occupation Director of Nursing & Clinical Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
571.43

Date of Receipt
05 / 06 / 2015
Transaction ID : 22459986

Amount of Each Receipt this Period
500.00

B. Mr. Perry J. Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 1920 SE Olson Drive

City Waukee State IA Zip Code 50263-8180

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Hospital Association Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
05 / 06 / 2015
Transaction ID : 22459987

Amount of Each Receipt this Period
700.00

C. Mr. Dan Royer
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue

City Des Moines State IA Zip Code 50309-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Hospital Association Occupation Director, Advocacy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.47

Date of Receipt
05 / 06 / 2015
Transaction ID : 22459988

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Arthur John Spies II
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E. Grand Ave. Suite 100
 City State Zip Code
 Des Moines IA 50309-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Iowa Hospital Association Senior Vice President, Membership Svcs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 571.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459989
 Amount of Each Receipt this Period
 500.00

B. Dr. Thomas C Evans M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Pleasant Street
 City State Zip Code
 Des Moines IA 50309-1453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnityPoint Health Vice President and Chief Medical Offic
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459990
 Amount of Each Receipt this Period
 500.00

C. Dr. Jon Van Der Veer DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 West Lincolnway
 City State Zip Code
 Jefferson IA 50129-1645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greene County Medical Center Vice President Medical Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459991
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. James M Hayes
Full Name (Last, First, Middle Initial)
Mailing Address 1518 Mulberry Avenue

City Muscatine	State IA	Zip Code 52761-3433
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer UnityPoint Health - Trinity Muscatine	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

Transaction ID : 22459993

Amount of Each Receipt this Period
250.00

B. Mr. Steve Slessor
Full Name (Last, First, Middle Initial)
Mailing Address 1825 Logan Avenue

City Waterloo	State IA	Zip Code 50703-1916
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Buchanan County Health Center	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

Transaction ID : 22459995

Amount of Each Receipt this Period
250.00

C. Mr. Brett Altman
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1006

City Newton	State IA	Zip Code 50208-1006
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skiff Medical Center	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

Transaction ID : 22459997

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. J Kirk Norris
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue, Suite 100

City Des Moines	State IA	Zip Code 50309-1800
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Hospital Association	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22459998

Amount of Each Receipt this Period
 1000.00

B. Mr. Bill Bruce MBA, FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 100 Medical Parkway

City Denison	State IA	Zip Code 51442-2607
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Crawford County Memorial Hospital	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22460000

Amount of Each Receipt this Period
 350.00

C. Mr. Michael T Donlin FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 714 Lincoln Street NE

City Le Mars	State IA	Zip Code 51031-3314
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Floyd Valley Hospital	Occupation Administrator
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22460001

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael D Trachta FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Tenth Street SE
 City Cedar Rapids State IA Zip Code 52403-1251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Medical Center-Cedar Rapids Occupation Executive Vice President and Chief Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22461897
 Amount of Each Receipt this Period
 250.00

B. Mr. Steven P Baumert
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2C
 City Council Bluffs State IA Zip Code 51502-3002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Jennie Edmundson Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22461898
 Amount of Each Receipt this Period
 500.00

C. Ms. Pamela K Delagardelle
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 East 'J' Avenue
 City Grundy Center State IA Zip Code 50638-2028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnityPoint Health - Allen Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22461900
 Amount of Each Receipt this Period
 625.00

SUBTOTAL of Receipts This Page (optional).....▶	1375.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Theodore E Townsend FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 1795 Highway 64 East

City Anamosa State IA Zip Code 52205-2112

FEC ID number of contributing federal political committee. **C**

Name of Employer UnityPoint Health - St. Luke's Hospita Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22461901

Amount of Each Receipt this Period
 750.00

B. Mr. Peter W Thoreen FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 2720 Stone Park Boulevard

City Sioux City State IA Zip Code 51104-3795

FEC ID number of contributing federal political committee. **C**

Name of Employer UnityPoint Health - St. Luke's Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 22461902

Amount of Each Receipt this Period
 250.00

c. Ms. Kathleen McGraw
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 965

City Montague State MA Zip Code 01351-0965

FEC ID number of contributing federal political committee. **C**

Name of Employer Brattleboro Memorial Hospital Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 22463039

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael E Henze
 Full Name (Last, First, Middle Initial)
 Mailing Address 1548 Mockingbird Lane
 City Osage Beach State MO Zip Code 65065-2416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Regional Health System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 22463066
 Amount of Each Receipt this Period
 650.00

B. Mr. John D Harryman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4001 Dutchmans Lane
 City Louisville State KY Zip Code 40207-4799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norton Brownsboro Hospital Occupation Chief Administrative Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22463104
 Amount of Each Receipt this Period
 500.00

C. Mr. Paul E Nurick
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 South Chestnut Street
 City Ellensburg State WA Zip Code 98926-3875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kittitas Valley Healthcare Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22463107
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Hugh Greene		Date of Receipt MM / DD / YYYY 05 / 14 / 2015 Transaction ID : 22463108
Mailing Address 3518 Hilliard Road		Amount of Each Receipt this Period 1000.00
City Jacksonville	State FL	Zip Code 32217-4258
FEC ID number of contributing federal political committee. C	Name of Employer Baptist Health	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ms Arlene McGannon		Date of Receipt MM / DD / YYYY 05 / 14 / 2015 Transaction ID : 22463109
Mailing Address 2011 Hawkhurst Circle		Amount of Each Receipt this Period 250.00
City Sun City Center	State FL	Zip Code 33573-7303
FEC ID number of contributing federal political committee. C	Name of Employer St. Joseph's Hospital	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr Tim McMahan		Date of Receipt MM / DD / YYYY 05 / 14 / 2015 Transaction ID : 22463110
Mailing Address 1316 Preservation Way		Amount of Each Receipt this Period 250.00
City Oldsmar	State FL	Zip Code 34677-4824
FEC ID number of contributing federal political committee. C	Name of Employer St. Anthony's Hospital	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Allen S Weiss MD
Full Name (Last, First, Middle Initial)

Mailing Address 1221 Gulf Shore Blvd N
Apt 2

City Naples State FL Zip Code 34102-4922

FEC ID number of contributing federal political committee. **C**

Name of Employer NCH Downtown Naples Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 14 / 2015
Transaction ID : 22463112

Amount of Each Receipt this Period
1000.00

B. Mr. Claudio D Fort
Full Name (Last, First, Middle Initial)

Mailing Address 189 Prouty Drive

City Newport State VT Zip Code 05855-9326

FEC ID number of contributing federal political committee. **C**

Name of Employer North Country Hospital and Health Cent Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
05 / 19 / 2015
Transaction ID : 22463122

Amount of Each Receipt this Period
600.00

C. Mr. Steven R Gordon
Full Name (Last, First, Middle Initial)

Mailing Address 17 Belmont Avenue

City Brattleboro State VT Zip Code 05301-7601

FEC ID number of contributing federal political committee. **C**

Name of Employer Brattleboro Memorial Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 19 / 2015
Transaction ID : 22463123

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2100.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas A Dee
Full Name (Last, First, Middle Initial)

Mailing Address 100 Hospital Drive

City Bennington State VT Zip Code 05201-5004

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwestern Vermont Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 19 / 2015
Transaction ID : 22463124

Amount of Each Receipt this Period
500.00

B. Ms. Judith C Tartaglia
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 547

City Barre State VT Zip Code 05641-0547

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Vermont Health Network C Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
05 / 19 / 2015
Transaction ID : 22463125

Amount of Each Receipt this Period
350.00

C. Mr. Edward Herrman RN, MBAHCM
Full Name (Last, First, Middle Initial)

Mailing Address 4608 Day Break Ln

City Enid State OK Zip Code 73703-2863

FEC ID number of contributing federal political committee. **C**

Name of Employer Integris Bass Baptist Health Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 18 / 2015
Transaction ID : 22463243

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. David Pynn

Mailing Address 1923 South Utica Avenue

City State Zip Code
Tulsa OK 74104-6520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. John Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : 22465649

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. William Wyman

Mailing Address 100 Potash Hill Rd

City State Zip Code
Tyngsboro MA 01879-2710

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lowell General Hospital Director of Revenue Cycle

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 22465667

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
C. Mr. John R Fernandez

Mailing Address 5 Otis Street

City State Zip Code
Needham MA 02492-3403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Massachusetts Eye and Ear Infirmary President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 22465669

Amount of Each Receipt this Period
562.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1325.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jeffrey W Hillis
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Cold Spring Lane
 City Hudson State MA Zip Code 01749-3053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adcare Hospital of Worcester Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 22465670
 Amount of Each Receipt this Period
 375.00

B. Mr. Kim Norton Hollon FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 680 Centre Street
 City Brockton State MA Zip Code 02302-3308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Signature Healthcare Brockton Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 22465671
 Amount of Each Receipt this Period
 562.50

c. Mr. Dale M Lodge
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Highland Avenue
 City Winchester State MA Zip Code 01890-1496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 22466928
 Amount of Each Receipt this Period
 562.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Daniel P Moen
Full Name (Last, First, Middle Initial)

Mailing Address 20 Sandalwood Drive

City Wilbraham	State MA	Zip Code 01095-1544
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Medical Center	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		15		2015

Transaction ID : 22466929

Amount of Each Receipt this Period
562.50

B. Mr. Robert Caldas
Full Name (Last, First, Middle Initial)

Mailing Address 18 Beechwood Road

City Mattapoisett	State MA	Zip Code 02739-1057
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Southcoast Hospitals Group	Occupation Chief Medical Officer
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		15		2015

Transaction ID : 22466930

Amount of Each Receipt this Period
262.50

C. Mr. David W Hillis
Full Name (Last, First, Middle Initial)

Mailing Address 107 Lincoln Street

City Worcester	State MA	Zip Code 01605-2401
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Adcare Hospital of Worcester	Occupation Chairman and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		15		2015

Transaction ID : 22466931

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr Aaron Kugelmass

Mailing Address 951 Longmeadow Street

City Longmeadow State MA Zip Code 01106-2232

FEC ID number of contributing federal political committee. **C**

Name of Employer Baystate Medical Center Occupation Chief, Cardiology Medical Director, H&

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 05 / 15 / 2015
Transaction ID : 22466932

Amount of Each Receipt this Period 262.50

Full Name (Last, First, Middle Initial)
B. Ms. Mary Sullivan Smith RN, MS

Mailing Address 2 Rustic Rd

City Stoneham State MA Zip Code 02180-1914

FEC ID number of contributing federal political committee. **C**

Name of Employer New England Baptist Hospital Occupation Vice President Clinical Operations and

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 15 / 2015
Transaction ID : 22466933

Amount of Each Receipt this Period 375.00

Full Name (Last, First, Middle Initial)
c. Mr. Robert C Garrett FACHE

Mailing Address 21 Eagle Nest Road

City Morristown State NJ Zip Code 07960-6430

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackensack University Health Network Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 05 / 22 / 2015
Transaction ID : 22467058

Amount of Each Receipt this Period 1300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1937.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John Gribbin FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 5 Ephraim Road

City Clarksburg	State NJ	Zip Code 08510-1620
FEC ID number of contributing federal political committee. C		
Name of Employer CentraState Healthcare System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

Date of Receipt
05 / 22 / 2015
Transaction ID : 22467059

Amount of Each Receipt this Period
975.00

B. Mr. Michael Maron
Full Name (Last, First, Middle Initial)
Mailing Address 345 Grove Street

City Oradell	State NJ	Zip Code 07649-2229
FEC ID number of contributing federal political committee. C		
Name of Employer Holy Name Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Date of Receipt
05 / 22 / 2015
Transaction ID : 22467063

Amount of Each Receipt this Period
1300.00

C. Mr. Edward Sullivan ESQ
Full Name (Last, First, Middle Initial)
Mailing Address 2157 Whitman Court

City Cinnaminson	State NJ	Zip Code 08077-3334
FEC ID number of contributing federal political committee. C		
Name of Employer Kennedy Health System	Occupation Legal Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Date of Receipt
05 / 22 / 2015
Transaction ID : 22467067

Amount of Each Receipt this Period
650.00

SUBTOTAL of Receipts This Page (optional).....▶	2925.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kelly Walenda
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Acorn Hill Drive
 City Voorhees State NJ Zip Code 08043-1508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kennedy Health System Occupation VP, Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : 22467068
 Amount of Each Receipt this Period
 227.50

B. Mr. David Condoluci
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Avon Terrace
 City Moorestown State NJ Zip Code 08057-2617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kennedy Health System Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 22467076
 Amount of Each Receipt this Period
 227.50

c. Dr. Maryann Lauletta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Berkshire Drive
 City Sewell State NJ Zip Code 08080-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kennedy Health System Occupation VP, Medical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 22467092
 Amount of Each Receipt this Period
 227.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 682.50
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Lisa Morina
Full Name (Last, First, Middle Initial)

Mailing Address 149 Center Street

City State Zip Code
Gibbstown NJ 08027-1281

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kennedy Health System Vice President, Government & External

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : 22467096

Amount of Each Receipt this Period
325.00

B. Mr. David Briggs
Full Name (Last, First, Middle Initial)

Mailing Address 256 Burnham Dr

City State Zip Code
Alliance NE 69301-2120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Box Butte General Hospital Board Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2015
Transaction ID : 22467775

Amount of Each Receipt this Period
250.00

C. Mr. Harold Krueger Jr
Full Name (Last, First, Middle Initial)

Mailing Address 525 Main St

City State Zip Code
Chadron NE 69337-2546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Chadron Community Hospital & Health Se Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2015
Transaction ID : 22467785

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	825.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. James P Ulrich Jr

Mailing Address 18 Mashie Dr

City State Zip Code
McCook NE 69001-1328

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Community Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22467788

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Carl P Vaagenes

Mailing Address 111 17th Avenue East

City State Zip Code
Alexandria MN 56308-5273

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Douglas County Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : 22467792

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Dr. Carolyn Bengston MD

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Memorial Hospital Vice President Utilization Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22467876

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional)..... ► 1550.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr Martin Judd
Full Name (Last, First, Middle Initial)

Mailing Address 1431 North Claremont Avenue

City Chicago	State IL	Zip Code 60622-1702
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Saints Mary & Elizabeth Medical Center	Occupation Vice President Professional Service
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2015

Transaction ID : 22467877

Amount of Each Receipt this Period
800.00

B. Ms. Kathleen C Yosko
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 795

City Wheaton	State IL	Zip Code 60187-0795
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Marianjoy Rehabilitation Hospital	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2015

Transaction ID : 22467878

Amount of Each Receipt this Period
400.00

C. Ms. Helen M. Brooks
Full Name (Last, First, Middle Initial)

Mailing Address 2400 North Rockton Avenue

City Rockford	State IL	Zip Code 61103-3655
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Rockford Memorial Hospital	Occupation Corporate Director, Communications
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2015

Transaction ID : 22467879

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. John Dorsey

Mailing Address 5330 Wilderness Trail

City State Zip Code
Rockford IL 61114-7025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Memorial Hospital Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22467880

Amount of Each Receipt this Period
240.00

Full Name (Last, First, Middle Initial)
B. Mr. Anthony Filer

Mailing Address 19065 Hickory Creek Drive, Suite 3

City State Zip Code
Mokena IL 60448-8599

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Presence Health Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22467897

Amount of Each Receipt this Period
1200.00

Full Name (Last, First, Middle Initial)
C. Mr. James P Evans ESQ

Mailing Address 2273 Cairnwell Drive

City State Zip Code
Belvidere IL 61008-7404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Memorial Hospital Vice President Legal Affairs and Gener

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22467898

Amount of Each Receipt this Period
560.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Douglas J. Brooks

Mailing Address 2429 Harlem Boulevard

City State Zip Code
Rockford IL 61103-4113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Memorial Hospital Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22467900

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Ms. Sandra B Bruce FACHE

Mailing Address 7435 West Talcott Avenue

City State Zip Code
Chicago IL 60631-3707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Presence Health President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22468536

Amount of Each Receipt this Period
1200.00

Full Name (Last, First, Middle Initial)
C. Mr. Danny Chun

Mailing Address 303 North Oak Park Avenue

City State Zip Code
Oak Park IL 60302-2189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Illinois Hospital Association VP, Corporate Communications & Marketi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22468537

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2800.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Harry Bond

Mailing Address 330 Berkshire Ct

City State Zip Code
Bourbonnais IL 60914-1552

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Riverside Medical Center Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22468538

Amount of Each Receipt this Period
800.00

Full Name (Last, First, Middle Initial)
B. Dr. Nancy M Newby RN, PhD, F

Mailing Address 705 South Grand Avenue

City State Zip Code
Nashville IL 62263-1534

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Washington County Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22468539

Amount of Each Receipt this Period
720.00

Full Name (Last, First, Middle Initial)
C. Mr. Phillip M Kambic

Mailing Address 350 North Wall Street

City State Zip Code
Kankakee IL 60901-2901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Riverside Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22468540

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1920.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Richard E. Kempe
Full Name (Last, First, Middle Initial)

Mailing Address 506 Donegal

City Quincy State IL Zip Code 62305-0910

FEC ID number of contributing federal political committee. **C**

Name of Employer Blessing Hospital Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22468543

Amount of Each Receipt this Period
 240.00

B. Mr. Elliot H Kuida
Full Name (Last, First, Middle Initial)

Mailing Address 459 Locust Avenue

City Charlottesville State VA Zip Code 22902-9940

FEC ID number of contributing federal political committee. **C**

Name of Employer Martha Jefferson Hospital Occupation Vice President and Chief Operating Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22468544

Amount of Each Receipt this Period
 240.00

C. Ms. Terri L. Allen
Full Name (Last, First, Middle Initial)

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22468841

Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional).....▶	1680.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Michael Baiardo

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : 22468842

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Ms. Cristina Batt

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation VP, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : 22469015

Amount of Each Receipt this Period
600.00

Full Name (Last, First, Middle Initial)
C. Mr. Mark Deaton

Mailing Address 740 North Hayes

City Oak Park State IL Zip Code 60302-1706

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Sr. Vice President, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : 22469026

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **2200.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr Joseph Fahey
Full Name (Last, First, Middle Initial)

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-1493

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
05 / 19 / 2015
Transaction ID : 22469027

Amount of Each Receipt this Period
480.00

B. Mr. Jeremy Flynn
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 3015

City Naperville State IL Zip Code 60566-7015

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Director, Development and Government R

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
05 / 19 / 2015
Transaction ID : 22469028

Amount of Each Receipt this Period
800.00

C. Ms. Tamara Lynn Gamrat
Full Name (Last, First, Middle Initial)

Mailing Address 1911 Hamilton Street

City Murphysboro State IL Zip Code 62966-1519

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Senior Risk Management Coordination

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
05 / 19 / 2015
Transaction ID : 22469029

Amount of Each Receipt this Period
280.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1560.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Cathy N. Grossi		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2015 Transaction ID : 22469031
Mailing Address 113 S. LaGrange Road		Amount of Each Receipt this Period 400.00
City La Grange	State IL	Zip Code 60525-2457
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Ms. Cheryl Hellyer		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2015 Transaction ID : 22469033
Mailing Address 1151 E Warrenville RD		Amount of Each Receipt this Period 400.00
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Assistant Vice President, Risk Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Mr Kenneth Jay		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2015 Transaction ID : 22469038
Mailing Address 1151 East Warrenville Road		Amount of Each Receipt this Period 400.00
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Susan Kaufman

Mailing Address 1151 E. Warranville Rd.

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22469040

Amount of Each Receipt this Period
 1200.00

Full Name (Last, First, Middle Initial)
B. Ms. Sandra Kraiss

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22469793

Amount of Each Receipt this Period
 800.00

Full Name (Last, First, Middle Initial)
C. Ms. Nichole Magalis

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Senior Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22469795

Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional).....▶	3200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. William R. McAndrew		Date of Receipt MM / DD / YYYY 05 / 19 / 2015 Transaction ID : 22469796
Mailing Address 700 South Second St.		Amount of Each Receipt this Period 960.00
City Springfield	State IL	Zip Code 62704-2516
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) B. Ms Dianne O'Donnell		Date of Receipt MM / DD / YYYY 05 / 19 / 2015 Transaction ID : 22469797
Mailing Address 1151 East Warrenville Road		Amount of Each Receipt this Period 1200.00
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Director, Sales & Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Mr. Clint Parram		Date of Receipt MM / DD / YYYY 05 / 19 / 2015 Transaction ID : 22469798
Mailing Address 1151 East Warrenville Road		Amount of Each Receipt this Period 500.00
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2660.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Patrick Sonin

Mailing Address 1152 Alder

City State Zip Code
Bartlett IL 60103-1660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Illinois Hospital Association Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22469801

Amount of Each Receipt this Period
480.00

Full Name (Last, First, Middle Initial)
B. Ms. Jo Ann Spoor

Mailing Address 700 South Second Street

City State Zip Code
Springfield IL 62704-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Illinois Hospital Association Director, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22469802

Amount of Each Receipt this Period
800.00

Full Name (Last, First, Middle Initial)
C. Mr. David A. Strickland

Mailing Address P O Box 3015

City State Zip Code
Naperville IL 60566-7015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Illinois Hospital Association Assistant Vice President, Education an

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22469805

Amount of Each Receipt this Period
480.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1760.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Patricia Tanney		Date of Receipt MM / DD / YYYY 05 / 19 / 2015 Transaction ID : 22469806
Mailing Address 1151 E Warrenville Rd		Amount of Each Receipt this Period 800.00
City Naperville	State IL	Zip Code 60563-1493
FEC ID number of contributing federal political committee. C	Name of Employer Illinois Hospital Association	Occupation Senior Claims Supervisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Mr. Michael Whitted		Date of Receipt MM / DD / YYYY 05 / 19 / 2015 Transaction ID : 22469807
Mailing Address 1151 East Warrenville Road		Amount of Each Receipt this Period 600.00
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C	Name of Employer Illinois Hospital Association	Occupation Assistant Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Ms. Lori Williams		Date of Receipt MM / DD / YYYY 05 / 19 / 2015 Transaction ID : 22469808
Mailing Address 1151 E Warrenville Rd		Amount of Each Receipt this Period 2400.00
City Naperville	State IL	Zip Code 60563-1493
FEC ID number of contributing federal political committee. C	Name of Employer Illinois Hospital Association	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional).....▶	3800.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Joe Holler
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 3015
 City Naperville State IL Zip Code 60566-7015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Hospital Association Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22469809
 Amount of Each Receipt this Period
 960.00

B. Mr. Jae Yoon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 E Warrenville Rd
 City Naperville State IL Zip Code 60566-7015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Hospital Association Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22469810
 Amount of Each Receipt this Period
 576.00

C. Mr. A.J. Wilhelmi
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 East Warrenville Road
 City Naperville State IL Zip Code 60563-9339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Hospital Association Occupation Senior VP, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22469811
 Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2736.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Maryjane Wurth

Mailing Address 1151 East Warrenville Road

City Naperville	State IL	Zip Code 60563-9339
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22469812

Amount of Each Receipt this Period
1200.00

Full Name (Last, First, Middle Initial)
B. Mr. David M Dill

Mailing Address 103 Powell Court, Suite 200

City Brentwood	State TN	Zip Code 37027-5079
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LifePoint Health	Occupation President and Chief Operating Officer
--------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22470369

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Ms. Leslie Marsh FACHE

Mailing Address 1214 15th Ave

City Kearney	State NE	Zip Code 68845-6500
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Lexington Regional Health Center	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22470371

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	2450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Diane Newman FACHE

Mailing Address 233 N 10th St

City State Zip Code
Tecumseh NE 68450-0599

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Johnson County Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22470372

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. Elaine Couture BSN, MBA,

Mailing Address P O Box 2555

City State Zip Code
Spokane WA 99220-2555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Providence Sacred Heart Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2015
Transaction ID : 22470383

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. Mr. Kevin Donovan

Mailing Address 512 Brookside Dr

City State Zip Code
New London NH 03257-5858

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mt. Ascutney Hospital and Health Cente Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22470390

Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kathy A. Bizarro FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 544 Upper Straw Rd
 City Hopkinton State NH Zip Code 03229-2023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Hospital Association Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.75

Date of Receipt 05 / 28 / 2015
Transaction ID : 22470394
 Amount of Each Receipt this Period 22.75

B. Mr. Stephen M. Ahnen
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Airport Road
 City Concord State NH Zip Code 03301-7300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 409.50

Date of Receipt 05 / 28 / 2015
Transaction ID : 22470395
 Amount of Each Receipt this Period 45.50

C. Ms. Barbara Walczyk-Joers
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 East University Avenue
 City Saint Paul State MN Zip Code 55101-2507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gillette Children's Specialty Healthca Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2015
Transaction ID : 22470413
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 568.25
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Mary Krinkie
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 Suite 350-S
 City Saint Paul State MN Zip Code 55114-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Minnesota Hospital Association Occupation Vice President, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22470417
 Amount of Each Receipt this Period
 500.00

B. Ms. Mary B Maertens FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 South Bruce Street
 City Marshall State MN Zip Code 56258-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Avera Marshall Regional Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22470418
 Amount of Each Receipt this Period
 125.00

C. Mr. Tim Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 49725 County 83
 City Staples State MN Zip Code 56479-5280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakewood Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22470419
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. John H Solheim

Mailing Address 2475 East Broadway Street

City State Zip Code
Helena MT 59601-4928

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cuyuna Regional Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22470420

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. JoAnn Davis

Mailing Address 18 Shady Brook

City State Zip Code
West Springfield MA 01089-1700

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Baystate Health, Inc. Risk Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22470425

Amount of Each Receipt this Period
375.00

Full Name (Last, First, Middle Initial)
c. Dr. Margot Hartmann MD, PhD

Mailing Address 57 Prospect Street

City State Zip Code
Nantucket MA 02554-4345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nantucket Cottage Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22470427

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Joanne Marqusee		Date of Receipt
Mailing Address 226 Prospect Street		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Northampton State MA Zip Code 01060-2135		Transaction ID : 22470428
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Cooley Dickinson Hospital Occupation President and Chief Executive Officer		<input type="text" value="562.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="562.50"/>	

Full Name (Last, First, Middle Initial) B. Mr Rocco Mandaglio		Date of Receipt
Mailing Address 19 Chapel Street		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City Ashburnham State MA Zip Code 01430-1239		Transaction ID : 22470451
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Holyoke Medical Center Occupation Vice President		<input type="text" value="375.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="375.00"/>	

Full Name (Last, First, Middle Initial) c. Dr. C Gregory Martin MD		Date of Receipt
Mailing Address 68 Salem Street		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City Andover State MA Zip Code 01810-2114		Transaction ID : 22470452
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Emerson Hospital Occupation Chief Medical Officer		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="262.50"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1012.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Nancy J Siopes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1090 Washington Rd
 City Rye State NH Zip Code 03870-2336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts Hospital Association Occupation Vice President, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : 22470454
 Amount of Each Receipt this Period
 262.50

B. Mr. David E Storto
 Full Name (Last, First, Middle Initial)
 Mailing Address 357 Caterina Hts.
 City Concord State MA Zip Code 01742-4750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spaulding Rehabilitation Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : 22470455
 Amount of Each Receipt this Period
 750.00

C. Mr. Timothy J Walsh FHFMA
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1477
 City Oak Bluffs State MA Zip Code 02557-1477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martha's Vineyard Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : 22470461
 Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional).....▶	1387.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John A Miller Jr FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Spring Back Way
 City Anderson State SC Zip Code 29621-2676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AnMed Health Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2015
Transaction ID : 22470475
 Amount of Each Receipt this Period
 500.00

B. Mr. Richard Kirk Toomey DHA, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 955 Ribaut Road
 City Beaufort State SC Zip Code 29902-5441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaufort Memorial Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2015
Transaction ID : 22470476
 Amount of Each Receipt this Period
 500.00

C. Mr. Philip A Clayton
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 829
 City Conway State SC Zip Code 29528-0829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Conway Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2015
Transaction ID : 22470477
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Richard E D'Alberto FACHE
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 976

City Clinton State SC Zip Code 29325-0976

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenville Health System - Laurens Cou Occupation Campus President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2015

Transaction ID : 22470478

Amount of Each Receipt this Period
500.00

B. Mr. Michael J Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 2221 Preat Street

City Sumter State SC Zip Code 29150-5915

FEC ID number of contributing federal political committee. **C**

Name of Employer Tuomey Healthcare System Occupation Interim Chief Executive Officer and Pr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2015

Transaction ID : 22470480

Amount of Each Receipt this Period
250.00

C. Mr David J Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 27 Oxford Road

City Grosse Pointe Shores State MI Zip Code 48236-1835

FEC ID number of contributing federal political committee. **C**

Name of Employer Oakwood Healthcare, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : 22495494

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional)..... **1012.50**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Georgia R Fojtasek RN, EdD
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 North East Avenue
 City Jackson State MI Zip Code 49201-1753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegiance Health Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22495508
 Amount of Each Receipt this Period
 350.00

B. Mrs. Vickie R. Kunz
 Full Name (Last, First, Middle Initial)
 Mailing Address 5835 N. Cochran Road
 City Charlotte State MI Zip Code 48813-8624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Health & Hospital Association Occupation Senior Director, Health Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22495528
 Amount of Each Receipt this Period
 280.00

C. Mr. Jim Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 Greenwich Drive
 City Grand Ledge State MI Zip Code 48837-2411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Health & Hospital Association Occupation Vice President, Data Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22495529
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	980.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Nancy McKeague

Mailing Address 627 N Harrison

City State Zip Code
East Lansing MI 48823-3017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Michigan Health & Hospital Association Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22495537

Amount of Each Receipt this Period
525.00

Full Name (Last, First, Middle Initial)
B. Mr. Joseph Ruth

Mailing Address 6480 Kernwood

City State Zip Code
East Lansing MI 48823-9432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sparrow Hospital Executive Vice President and Chief Ope

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22495543

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
C. Mr. Sam R. Watson

Mailing Address 1240 E. Mill Street

City State Zip Code
Hastings MI 49058-9185

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Michigan Health & Hospital Association Associate Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22495550

Amount of Each Receipt this Period
525.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1312.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City Malvern State PA Zip Code 19355-3441

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **228.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015
Transaction ID : 22495635

Amount of Each Receipt this Period
54.60

Full Name (Last, First, Middle Initial)
B. Mr. John Slotman

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association Occupation VP, GME and Teaching Hospital Issues

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **232.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015
Transaction ID : 22495640

Amount of Each Receipt this Period
46.80

Full Name (Last, First, Middle Initial)
C. Mr. Charles Cataline

Mailing Address 111 E. Frankfort St.

City Columbus State OH Zip Code 43206-2011

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Hospital Association Occupation Senior Director, Health Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015
Transaction ID : 22495728

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **351.40**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Greg Sanders
Full Name (Last, First, Middle Initial)

Mailing Address 6131 Willow Lake Drive

City Hudson State OH Zip Code 44236-3953

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Health Occupation Executive Director, Lake Health Founda

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22495730

Amount of Each Receipt this Period
 250.00

B. Mr. Robert W Shroder
Full Name (Last, First, Middle Initial)

Mailing Address 9325 Bay Hill Drive NE

City Warren State OH Zip Code 44484-6705

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Elizabeth Health Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22495731

Amount of Each Receipt this Period
 500.00

C. Mr. Robert O. Baxter
Full Name (Last, First, Middle Initial)

Mailing Address 730 West Market Street

City Lima State OH Zip Code 45801-4602

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Rita's Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22495736

Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Raymond M Chorey
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 610
 City Cambridge State OH Zip Code 43725-0610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeastern Ohio Regional Medical Cen Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22495740
 Amount of Each Receipt this Period
 500.00

B. Mr. James W Pope MHA, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6832 Convent Boulevard
 City Sylvania State OH Zip Code 43560-4805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sylvania Franciscan Health Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22495943
 Amount of Each Receipt this Period
 500.00

C. Mr. Scott C Malaney
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 South Main Street
 City Findlay State OH Zip Code 45840-1214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blanchard Valley Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22496017
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr John Baniewicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2030 Ridgebury Dr
 City Painesville State OH Zip Code 44077-1571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Health Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22496067
 Amount of Each Receipt this Period
 250.00

B. Mr Rick Cicero
 Full Name (Last, First, Middle Initial)
 Mailing Address 7946 Deborah Court
 City Mentor State OH Zip Code 44060-7320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Health Occupation Vice President Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22496068
 Amount of Each Receipt this Period
 250.00

C. Mr. Steve Karns
 Full Name (Last, First, Middle Initial)
 Mailing Address 6379 Ledge Lake Ct.
 City Painesville State OH Zip Code 44077-9749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Health Occupation Senior Vice President Admin Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22496069
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael Kittoe
Full Name (Last, First, Middle Initial)

Mailing Address 1429 Oakwood Tr

City Painesville State OH Zip Code 44077-7616

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Health Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22496070

Amount of Each Receipt this Period
 250.00

B. Ms. Cynthia Moore-Hardy FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 7590 Auburn Road

City Painesville State OH Zip Code 44077-9176

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Health Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22496071

Amount of Each Receipt this Period
 500.00

C. Ms. Mary Ogrinc
Full Name (Last, First, Middle Initial)

Mailing Address 1980 E. 221st Street

City Euclid State OH Zip Code 44117-2102

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Health Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22496188

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Gary J Robinson
Full Name (Last, First, Middle Initial)

Mailing Address 10 East Washington Street

City Painesville	State OH	Zip Code 44077-3460
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Health	Occupation Vice President Government and Communit
---------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : 22496191

Amount of Each Receipt this Period
250.00

B. Ms. Joyceanne Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 9125 Taylor-May Rd.

City Chagrin Falls	State OH	Zip Code 44023-1641
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Health	Occupation Chief Quality Officer
---------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : 22496192

Amount of Each Receipt this Period
250.00

C. Mr. Tim Colburn
Full Name (Last, First, Middle Initial)

Mailing Address 600 North Pickaway Street

City Circleville	State OH	Zip Code 43113-1447
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Berger Health System	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : 22496214

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Kevin Albosta

Mailing Address 3711 Desert Dr.

City State Zip Code
Saginaw MI 48603-1976

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Covenant Healthcare Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496417

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. Kevin Birchmeier

Mailing Address 19925 East Rd

City State Zip Code
New Lothrop MI 48460-9611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Covenant Healthcare Director Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496427

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
C. Dr. David E. Blair MD

Mailing Address 7417 Old Lantern Dr. SE

City State Zip Code
Caledonia MI 49316-9004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Health Saint Mary's Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496428

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 962.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. David Brooks FACHE

Mailing Address 22101 Moross Road

City State Zip Code
Detroit MI 48236-2148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. John Hospital and Medical Center President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496429

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
B. Mr. Edward Bruff

Mailing Address 1447 North Harrison Street

City State Zip Code
Saginaw MI 48602-4727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Covenant Healthcare President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496430

Amount of Each Receipt this Period
525.00

Full Name (Last, First, Middle Initial)
C. Mr. J Patrick Dyson

Mailing Address 1521 Gull Road

City State Zip Code
Kalamazoo MI 49048-1640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Borgess Medical Center Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496460

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1137.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Randolph K Flechsig MHA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4617 N. Catamount Trail
 City State Zip Code
 Ada MI 49301-8654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sheridan Community Hospital Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496463
 Amount of Each Receipt this Period
 262.50

B. Mr. John T Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 3392 Woodhaven Road, NW
 City State Zip Code
 Atlanta GA 30305-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beaumont Health Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496464
 Amount of Each Receipt this Period
 525.00

C. Ms. Kathleen Harrelson RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6181 Krabrook Court
 City State Zip Code
 Kalamazoo MI 49009-8961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bronson Healthcare Group, Inc. Sr VP, Clinical Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496489
 Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John Hayden
Full Name (Last, First, Middle Initial)

Mailing Address 601 John St Box 19

City Kalamazoo State MI Zip Code 49007-5341

FEC ID number of contributing federal political committee. **C**

Name of Employer Bronson Healthcare Group, Inc. Occupation Vice President and Chief Human Resourc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 05 / 19 / 2015
Transaction ID : 22496491

Amount of Each Receipt this Period 262.50

B. Mr. John L. Jones Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1814 Hazel Avenue

City Kalamazoo State MI Zip Code 49008-2844

FEC ID number of contributing federal political committee. **C**

Name of Employer Bronson Healthcare Group, Inc. Occupation Senior Vice President /COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 05 / 19 / 2015
Transaction ID : 22496505

Amount of Each Receipt this Period 262.50

C. Dr. John Kosanovich MD
Full Name (Last, First, Middle Initial)

Mailing Address 25 E. Hannum Blvd.

City Saginaw State MI Zip Code 48602-1937

FEC ID number of contributing federal political committee. **C**

Name of Employer Covenant Healthcare Occupation Vice President Covenant Healthcare and

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 05 / 19 / 2015
Transaction ID : 22496516

Amount of Each Receipt this Period 525.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David Leonard
Full Name (Last, First, Middle Initial)

Mailing Address 6383 Redington Drive SE

City	State	Zip Code
Ada	MI	49301-9021

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Spectrum Health	Chief Legal Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496518

Amount of Each Receipt this Period
 262.50

B. Mr. Greg Loomis
Full Name (Last, First, Middle Initial)

Mailing Address 2810 Memorial Drive

City	State	Zip Code
Muskegon	MI	49445-2271

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Mercy Health, Mercy Campus	President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496520

Amount of Each Receipt this Period
 525.00

C. Ms. Karie Lyon
Full Name (Last, First, Middle Initial)

Mailing Address 43265 Rhineland Drive

City	State	Zip Code
Sterling Heights	MI	48314-1956

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Beaumont Health	Vice President, IT Applications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496521

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1137.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David H. Nall
Full Name (Last, First, Middle Initial)

Mailing Address 5200 Red Maple Ln

City Saginaw State MI Zip Code 48603-8634

FEC ID number of contributing federal political committee. **C**

Name of Employer Covenant Healthcare Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496535

Amount of Each Receipt this Period
 262.50

B. Mr. Christopher Palazzolo
Full Name (Last, First, Middle Initial)

Mailing Address 3260 Charlwood Dr.

City Rochester Hills State MI Zip Code 48306-3614

FEC ID number of contributing federal political committee. **C**

Name of Employer Genesys Health System Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496540

Amount of Each Receipt this Period
 350.00

C. Mr. Scott Pillion
Full Name (Last, First, Middle Initial)

Mailing Address 502 West Harrie Street

City Newberry State MI Zip Code 49868-1209

FEC ID number of contributing federal political committee. **C**

Name of Employer Helen Newberry Joy Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496542

Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Barbara Rossmann RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15855 19 Mile Road
 City Clinton Township State MI Zip Code 48038-3504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Macomb Hospitals Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496555
 Amount of Each Receipt this Period
 525.00

B. Dr. Brian D. Schroeder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1160 S Iva Rd
 City Hemlock State MI Zip Code 48626-8762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sparrow Health System Occupation Senior Vice President and Chief Medica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496559
 Amount of Each Receipt this Period
 350.00

C. Mr. Michael L. Schultz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2784 Dunkirk Dr.
 City Saginaw State MI Zip Code 48603-3136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Covenant Healthcare Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496560
 Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional).....▶	1137.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David A Spivey
Full Name (Last, First, Middle Initial)

Mailing Address 36475 West Five Mile Road

City Livonia State MI Zip Code 48154-1988

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Mary Mercy Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 05 / 19 / 2015
Transaction ID : 22496569

Amount of Each Receipt this Period 262.50

B. Ms. Carol Stoll
Full Name (Last, First, Middle Initial)

Mailing Address 7630 Laurie Lane N.

City Saginaw State MI Zip Code 48609-4909

FEC ID number of contributing federal political committee. **C**

Name of Employer Covenant Healthcare Occupation Vice President, Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 05 / 19 / 2015
Transaction ID : 22496571

Amount of Each Receipt this Period 262.50

C. Dr. Jack Weiner PhD
Full Name (Last, First, Middle Initial)

Mailing Address 44405 Woodward Avenue

City Pontiac State MI Zip Code 48341-5023

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph Mercy Oakland Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 19 / 2015
Transaction ID : 22496577

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Tim Wenzel
Full Name (Last, First, Middle Initial)

Mailing Address 555 Northview Drive

City Frankenmuth State MI Zip Code 48734-9304

FEC ID number of contributing federal political committee. **C**

Name of Employer Covenant Healthcare Occupation Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496578

Amount of Each Receipt this Period
 262.50

B. Mr. Michael Zaroukian
Full Name (Last, First, Middle Initial)

Mailing Address 4505 Oak Pointe Court

City Okemos State MI Zip Code 48864-0312

FEC ID number of contributing federal political committee. **C**

Name of Employer Sparrow Hospital Occupation Chief Medical Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 22496582

Amount of Each Receipt this Period
 175.00

c. Ms. Gail Lovinger
Full Name (Last, First, Middle Initial)

Mailing Address 2225 Simpson

City Evanston State IL Zip Code 60201-3006

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President Association Governance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : 22496867

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	787.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Warren Tardy
Full Name (Last, First, Middle Initial)

Mailing Address 310 25th Avenue North
Suite 101

City Nashville State TN Zip Code 37203-1515

FEC ID number of contributing federal political committee. **C**

Name of Employer HCA Occupation Director, Public Policy Management Gro

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
05 / 03 / 2015
Transaction ID : 22496872

Amount of Each Receipt this Period
350.00

B. Mr. Thomas L Bell
Full Name (Last, First, Middle Initial)

Mailing Address 215 Southeast 8th Avenue

City Topeka State KS Zip Code 66603-3906

FEC ID number of contributing federal political committee. **C**

Name of Employer Kansas Hospital Association Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 20 / 2015
Transaction ID : 22497123

Amount of Each Receipt this Period
500.00

C. Ms. Anne E. Cramer
Full Name (Last, First, Middle Initial)

Mailing Address 153 Packard Road

City Jericho State VT Zip Code 05465-2025

FEC ID number of contributing federal political committee. **C**

Name of Employer Vermont Association of Hospitals & Hea Occupation Legal Counsel VTHA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
05 / 19 / 2015
Transaction ID : 22511487

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$350.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas J VanOsdol
Full Name (Last, First, Middle Initial)
Mailing Address 13772 Wyandotte Place
City Fishers State IN Zip Code 46038-4500
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Vincent Anderson Regional Hospital Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 31 / 2015**
Transaction ID : 3313090
Amount of Each Receipt this Period **500.00**

B. Ms. Melinda Reid Hatton
Full Name (Last, First, Middle Initial)
Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
City Washington State DC Zip Code 20001-5188
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Course
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR1045726234657
Amount of Each Receipt this Period **115.41**
P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. David Schulke
Full Name (Last, First, Middle Initial)
Mailing Address 155 N. Wacker Dr.
City Chicago State IL Zip Code 60606-1709
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation VP Research Programs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR1057462134657
Amount of Each Receipt this Period **115.41**
P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	730.82
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Dale A Kirby

Mailing Address P O Box 331

City State Zip Code
Colusa CA 95932-0331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.17

Date of Receipt
05 / 31 / 2015

Transaction ID : PR1125892334657

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Jack A. Mackay

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Hospital Association-Chicago Vice President & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
05 / 31 / 2015

Transaction ID : PR1347703634657

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City State Zip Code
Palatine IL 60067-1821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Hospital Association-Chicago National Director Sponsorship and Unde

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
05 / 31 / 2015

Transaction ID : PR1475133734657

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.85
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Erik Rasmussen		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 Transaction ID : PR1819487934657
Mailing Address 800 10th Street, NW Two CityCenter, Suite 400		Amount of Each Receipt this Period 115.41
City Washington State DC Zip Code 20001-5188	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 423.17		

Full Name (Last, First, Middle Initial) B. Ms. Shari Dexter		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 Transaction ID : PR1878189834657
Mailing Address 800 10th Street, NW Two CityCenter, Suite 400		Amount of Each Receipt this Period 57.72
City Washington State DC Zip Code 20001-5188	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, Political Action	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 211.64		

Full Name (Last, First, Middle Initial) C. Ms. Evelyn Knolle		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 Transaction ID : PR1913190734657
Mailing Address 800 10th Street, NW Two CityCenter, Suite 400		Amount of Each Receipt this Period 57.72
City Washington State DC Zip Code 20001-5188	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy -TR	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 211.64		

SUBTOTAL of Receipts This Page (optional).....▶	230.85
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Jennifer Schleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Media Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1913194034657
 Amount of Each Receipt this Period 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Janet Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.44

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1937843134657
 Amount of Each Receipt this Period 116.52
 P/R Deduction (\$48.64 Bi-Weekly)

C. Ms. Diane Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1943461534657
 Amount of Each Receipt this Period 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 231.96
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jeff Goldman
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President of Coverage

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **05 / 31 / 2015**

Transaction ID : PR1978358634657

Amount of Each Receipt this Period **57.72**

P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Linda Fishman
Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2015**

Transaction ID : PR327629134657

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Michael P. McCue
Full Name (Last, First, Middle Initial)

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2015**

Transaction ID : PR327771634657

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	288.54
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Suzanne R. Sonik			Date of Receipt MM / DD / YYYY 05 / 31 / 2015
Mailing Address One North Franklin			Transaction ID : PR32777234657
City Chicago	State IL	Zip Code 60606-3436	Amount of Each Receipt this Period 57.72
FEC ID number of contributing federal political committee. C			P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Director, Long-Term Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64		

Full Name (Last, First, Middle Initial) B. Ms. Debra J. Stock			Date of Receipt MM / DD / YYYY 05 / 31 / 2015
Mailing Address 1022 S. Harvey Avenue			Transaction ID : PR32777834657
City Oak Park	State IL	Zip Code 60304-2132	Amount of Each Receipt this Period 115.41
FEC ID number of contributing federal political committee. C			P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Member Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17		

Full Name (Last, First, Middle Initial) C. Mr. Neil Jesuele			Date of Receipt MM / DD / YYYY 05 / 31 / 2015
Mailing Address 155 N Wacker Dr			Transaction ID : PR327801734657
City Chicago	State IL	Zip Code 60606-1709	Amount of Each Receipt this Period 57.72
FEC ID number of contributing federal political committee. C			P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64		

SUBTOTAL of Receipts This Page (optional).....▶	230.85
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Pamela Austin Thompson MS, RN, FA

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

FEC ID number of contributing federal political committee. **C**

Name of Employer AONE Occupation AHA Senior Vice President, CEO America

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.17

Date of Receipt
05 / 31 / 2015
Transaction ID : PR327812034657

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City Arlington State VA Zip Code 22205-3408

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
05 / 31 / 2015
Transaction ID : PR327831734657

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City Washington State DC Zip Code 20008-2614

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
05 / 31 / 2015
Transaction ID : PR327851934657

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.85

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mark Seklecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR327858034657
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. John F. Barry
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Millis State MA Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR327877834657
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. George F. Bergstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 North Garland Court
 #3002
 City Chicago State IL Zip Code 60602-4750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR327895734657
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	346.23
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas J. Bonner FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 679010
 City Austin State TX Zip Code 78767-9010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 31 / 2015
Transaction ID : PR327983734657
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Richard J. Umbdenstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 31 / 2015
Transaction ID : PR328132834657
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Barbara Lorsbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 7th Ave
 City La Grange State IL Zip Code 60525-6406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 31 / 2015
Transaction ID : PR328136934657
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 346.23
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Donna J. Melkonian
 Full Name (Last, First, Middle Initial)
 Mailing Address 5545 North Wayne
 City Chicago State IL Zip Code 60640-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR328223834657
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Ron O. Purcell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1093 N. Faldo Way
 City Eagle State ID Zip Code 83616-5369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR328241434657
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Richard J. Pollack
 Full Name (Last, First, Middle Initial)
 Mailing Address 3475 North Venice Street
 City Arlington State VA Zip Code 22207-4446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR328260934657
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	346.23
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt
05 / 31 / 2015
Transaction ID : PR328511834657

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City State Zip Code
Arlington VA 22205-2726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Hospital Association-Washingt Senior Vice President, Communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt
05 / 31 / 2015
Transaction ID : PR328512034657

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
c. Mr. George Arges

Mailing Address One North Franklin St.

City State Zip Code
Chicago IL 60606-4425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Hospital Association-Chicago Senior Director, Health Data Managemen

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt
05 / 31 / 2015
Transaction ID : PR328641134657

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **288.54**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Anthony S Burke

Mailing Address 155 N Wacker Dr

City State Zip Code
Chicago IL 60606-1709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AHA Solutions, Inc. CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR328913334657

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606-4425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Hospital Association-Chicago SPSA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR329013434657

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Dr. John R. Combes

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Hospital Association-Chicago President & Chief Operating Officer, C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR329071334657

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.54

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Robyn L. Bash
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400
 City Washington State DC Zip Code 20001-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Director, Federal Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR329084434657
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. W. Thomas Deweese
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Interstate Boulevard South
 City Nashville State TN Zip Code 37210-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR329215734657
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Patricia Meersman
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **211.64**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR330343334657
 Amount of Each Receipt this Period **57.72**
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	288.54
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas Misfeldt
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR330411634657
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Paul N. Muraca
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 138th Circle West
 City Apple Valley State MN Zip Code 55124-9229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR330475434657
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Gene O'Dell
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Strategic Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR330547734657
 Amount of Each Receipt this Period **57.72**
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **288.54**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Eileen O'Keefe
Full Name (Last, First, Middle Initial)
Mailing Address 172 Atteridge
City Lake Forest State IL Zip Code 60045-1715
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation Vice President, Constituency Section
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 31 / 2015
Transaction ID : PR330549234657
Amount of Each Receipt this Period 115.41
P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Anthony Spohn
Full Name (Last, First, Middle Initial)
Mailing Address 3219 N. Oriole
City Chicago State IL Zip Code 60634-3232
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation Executive Director, Associate Membersh
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.64

Date of Receipt 05 / 31 / 2015
Transaction ID : PR331098334657
Amount of Each Receipt this Period 57.72
P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Debi H. Tucker Esq.
Full Name (Last, First, Middle Initial)
Mailing Address 1101 N. Kentucky Street
City Arlington State VA Zip Code 22205-3515
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Washingt Occupation Director, State Issues Forum
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.64

Date of Receipt 05 / 31 / 2015
Transaction ID : PR331278834657
Amount of Each Receipt this Period 57.72
P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.85
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City Alexandria State VA Zip Code 22301-2402

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President, Operations - APP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2015**

Transaction ID : PR331304234657

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Megan Cundari

Mailing Address 800 10th Street, NW Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2015**

Transaction ID : PR518031934657

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Laura M. Werner

Mailing Address 800 10th Street, NW Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-5188

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Associate Director, Political Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **05 / 31 / 2015**

Transaction ID : PR560101534657

Amount of Each Receipt this Period **57.72**

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **288.54**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 31 / 2015

Transaction ID : PR766023734657

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	111548.52

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 113
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 08 / 2015
Transaction ID : 22455264

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
792.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : 22497031

Amount of Each Receipt this Period
194.26

Interest Earned

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	194.26
TOTAL This Period (last page this line number only).....▶	194.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22497026

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22497027

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22497029

Amount of Each Disbursement this Period

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22497030

Amount of Each Disbursement this Period

Bank Fee

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Charles Boustany, Jr., MD For Congress, Inc.

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Charles W. Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : 22454929

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City State Zip Code
Springfield MA 01108

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Richard E. Neal

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : 22454930

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ben Cardin For Senate, Inc.

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement
2018 Contribution

011

Candidate Name

Sen. Benjamin Cardin

Category/
Type

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : 22468510

Amount of Each Disbursement this Period

1000.00

2018 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Lisa Murkowski For U.S. Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement
Contribution

Candidate Name

Sen. Lisa Murkowski

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : 22468511

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jeff Duncan For Congress

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jeff Duncan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : 22468512

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Contribution

Candidate Name

Rep. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : 22468513

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Alan Lowenthal For Congress

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution

Candidate Name

Rep. Alan Lowenthal PhD

Office Sought: House
 Senate
 President
State: CA District: 47

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 22468514

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Marino For Congress

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom Marino

Office Sought: House
 Senate
 President
State: PA District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 22468515

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Friends For Jim McDermott

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jim McDermott

Office Sought: House
 Senate
 President
State: WA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 22468516

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Great Lakes PAC

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2015 Contribution

Candidate Name

Great Lakes PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 13 / 2015

Transaction ID : 22468517

Amount of Each Disbursement this Period
5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Motor City PAC

Mailing Address 600 Pennsylvania Avenue, SE
Suite 210

City Washington State DC Zip Code 20003

Purpose of Disbursement
2015 Contribution

Candidate Name

Motor City PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 13 / 2015

Transaction ID : 22468518

Amount of Each Disbursement this Period
2500.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement
Contribution

Candidate Name

Sen. Rob Portman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 13 / 2015

Transaction ID : 22468519

Amount of Each Disbursement this Period
1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. People For Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Patty Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2015

Transaction ID : 22468520

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
2015 Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 22468521

Amount of Each Disbursement this Period

15000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Lisa Murkowski For U.S. Senate

Mailing Address PO Box 100847

City State Zip Code
Anchorage AK 99510

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Lisa Murkowski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 22468522

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

17000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Brady For Congress

Mailing Address PO Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kevin Patrick Brady

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : 22468523

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Brian Higgins For Congress

Mailing Address P.O. Box 28

City State Zip Code
Buffalo NY 14220

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Brian M. Higgins

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : 22468524

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kansans For Huelskamp

Mailing Address PO Box 410

City State Zip Code
Fowler KS 67844

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tim Huelskamp

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : 22468525

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Roskam For Congress Committee

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Peter Roskam

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 22468526

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress

Mailing Address PO Box 823047

City State Zip Code
Dallas TX 75382

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Pete Sessions

Office Sought: House
 Senate
 President
State: TX District: 32

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 22468527

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Frederick Stephen Upton

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 22468528

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Treasure State PAC

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Treasure State PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : 22468532

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Common Values PAC

Mailing Address 901 N. Washington Street
Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Common Values PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : 22468533

Amount of Each Disbursement this Period

2500.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Farr

Mailing Address PO Box 122

City Monterey State CA Zip Code 93942

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. Sam Farr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : 22468534

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Brenda Lawrence For Congress

Mailing Address PO Box 3060

City Southfield State MI Zip Code 48037

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Brenda Lawrence

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

/ /

Transaction ID : 22468535

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Anne E. Cramer

Mailing Address 153 Packard Road

City Jericho State VT Zip Code 05465-2025

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 22468548

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶